

Planning for Community Health Emergencies

The American Public Health Association's Program Area Committee on Health Services in Disaster has issued a policy statement on the role of State and local health departments in emergency planning. Its position is essentially as follows.

Statement of the Problem

The people of our country are constantly faced with potential disasters, natural or man made. If attacked with thermonuclear weapons, the surviving population would have to function for a number of weeks without outside support and would have to use to the greatest extent possible its remaining resources for survival and recovery.

In a thermonuclear attack the casualty level could reach 60 million persons. Approximately 10 million would die immediately, 34 million within 30 days, and more than 40 million within 6 months.

Professional Organizations

A prominent role in anticipating disasters has been taken by the American Medical Association, American Osteopathic Association, American Dental Association, American Nurses' Association, American Hospital Association, and American National Red Cross.

Because of the legislative as well as traditional responsibilities that public health departments have in the civil defense field, it is appropriate that the American Public Health Association provide leadership through its Program Area Committee on Health Services in Disaster.

In consideration of increased activity by State and local health departments, the following are pertinent:

1. Health departments are the governmental agency around which may be organized community health resource activities for unified and concerted action in disaster.

2. Health departments can provide overall coordination for the necessary development of

the emergency health service plan and organization and the various steps and procedures necessary to make it operational.

3. Health departments are the logical agency to administer the emergency health service operations in disaster.

4. Effective operation requires an integration of local, State, and Federal plans to take advantage of pre-attack resources and arrangements for post-attack availability of resources. Federal, State, and local relationships are highly developed in other health activities.

The policy of the American Public Health Association, therefore, shall be to stimulate State and local health departments to:

1. Appoint emergency health advisory committees to assist in planning disaster services.

2. Assign responsibility to an individual or unit within the health department for developing an emergency health program.

3. Encourage and support the assignment to public health staffs of additional personnel to accept delegation of responsibilities for health aspects of disasters.

4. Prepare or update written emergency health service plans as an integral part of community civil defense plans and organizations.

5. Assign emergency health service responsibilities to all personnel within the total health community, with adequate training for their assigned duties.

6. Use their emergency health organization in meeting related day-to-day activities, such as mass poliomyelitis vaccination campaigns.

7. Promote medical self-help training courses.

8. Procure and maintain essential health materiel in accordance with anticipated needs and provide mechanisms for replenishment of resources.

9. Aid in the development of a coordinated communications system.

10. Conduct frequent tests and exercises.

11. Encourage and support the assignment to public health staffs of additional personnel to

accept delegation of responsibilities for health aspects of disasters.

Federal Health Activities

Through Presidential executive orders, the Public Health Service has been given Federal responsibilities for the health-related aspects of civil defense. In seeking to stimulate the development of a national competency in the management of health resources for the relief of all types of disasters including thermonuclear war, the Service has:

1. Developed training and guidance materials, including a prototype plan, to enable the preparation of operational community emergency health plans and organizations.

2. Developed and conducted prototype training courses for health professionals, including all special categories.

3. Assigned regional and State health mobilization program representatives to assist the States in formulating emergency plans and developing resource readiness capabilities for natural and particularly national disasters.

4. Assumed responsibility for management and further development of the Federal civil defense medical stockpile.

5. Prepared guidance materials for health care in shelters for use by (a) nonmedical personnel, involving the application of medical self-help principles; (b) allied health workers to expand the concepts of medical treatment; and (c) physicians to apply standardized medical care procedures.

6. Developed and made available a medical self-help course to instruct each citizen how to care for himself and his family in the event that normal health services are unavailable.

7. Developed a Federal emergency health service plan and organization to coordinate the health resources of the Federal Government, and in turn, to insure the prudent use of health resources after attack.

8. Conducted research programs in order to provide additional knowledge in such areas as standardized medical care procedures, concepts of decentralized disaster health care, and environmental health in disasters.

Committee Members

Members of the Program Area Committee on Health Services in Disaster are:

James K. Shafer, M.D., Chairman, Executive Office of the President, Office of Emergency Planning, Washington 25, D.C.; John H. Browe, M.D., New York State Department of Health, 84 Holland Avenue, Albany 8, N.Y.; William H. Cary, Jr., C.E., 9607 Glencrest Lane, Kensington, Md.; G. P. Ferrazzano, M.D., Division of Health Mobilization, Office of the Surgeon General, Public Health Service, Washington 25, D.C.; Charles J. Gillooly, D.D.S., Public Health Service, 42 Broadway, New York 4, N.Y.; Jack Kasten, M.P.H., research associate, Medical and Hospital Administration, University of Pittsburgh, Pittsburgh 13, Pa.; Johanna E. Kennedy, M.A., New Jersey State Department of Health, 129 East Hanover Street, Trenton 25, N.J.; James H. Lade, M.D., New York State Department of Health, 84 Holland Avenue, Albany 8, N.Y.; and Robert L. Smith, M.D., Public Health Service, Federal Office Building, Civic Center, San Francisco 2, Calif.

Chickenpox Added to PHS Foreign Quarantine List

To exclude the possibility of persons with smallpox being admitted to the United States because their disease is mistaken for chickenpox, the Public Health Service has added chickenpox to the list of communicable diseases for which persons entering the country may be detained for observation or be kept under surveillance.

Service officials stated that the possibility of confusing the two diseases is well recognized and that the new policy will allow for a period of observation and testing to make a clear determination. The regulation pertains especially to persons coming from areas where smallpox still occurs.

Occupational Health

Notes

Mercury Contamination

The fluid mechanics laboratory of a university engineering school in California was found to be seriously contaminated with mercury vapors. In the course of remodeling the laboratory, large globules of mercury were found in the corners of the floor and in a floor drain trap. The globules were probably the accumulations of numerous spills over a period of years. Many small globules were visible in cracks and rough spots in the concrete floor.

Air samples taken with a mercury vapor meter showed concentrations of 0.1 to 0.9 milligrams per cubic meter in the air 12 inches off the floor. In certain parts of the room, samples at 5 to 6 feet above the floor contained the threshold limit of 0.1 milligrams per cubic meter. After the floor is vacuum cleaned, powdered with sulfur dust, and scrubbed, a followup study will be made.

Algimycin in Swimming Pools

Algimycin, a chemical being used in swimming pools to control algae, is suspected of causing skin reactions in two swimmers in Los Angeles. Algimycin contains phenyl mercuric acetate, a known skin sensitizer. The possible irritating or toxic effects of the low concentrations recommended for swimming pool water have not been fully explored. Four pool maintenance men have developed dermatitis after exposure to full-strength algimycin.

Cesspool-Cleaning Fatalities

Two men died in Pennsylvania during a cesspool-cleaning operation. The first worker to enter the 40-foot vertical passage was overcome while descending the ladder. The second worker was overcome while going to the aid of his co-worker. The air had not been tested beforehand for oxygen or toxic gas concentrations. The men were not equipped with respiratory protective devices.

The coroner's report attributed one of the deaths to hydrogen sulfide poisoning. Several days after the fatalities, direct reading tubes were used to test

the air in the cesspool, which had undergone alterations. Hydrogen sulfide was not detected, oxygen concentration was normal, and the carbon dioxide concentration was 25,000 ppm.

Anthrax Vaccination

The first field program of preventive vaccination against anthrax in Massachusetts was begun at a plant where anthrax infections have occurred regularly over many years. The vaccine, developed by the Communicable Disease Center, Public Health Service, was administered by the plant physician, with full cooperation of management and workers.

Tetraethyl Lead Poisoning

One worker died and two were seriously ill in New Jersey after being overcome while cleaning out a leaded gasoline tank.

Since the workers were Pennsylvania residents working for a Pennsylvania company, the Pennsylvania compensation bureau received reports of the cases. To avoid duplication of efforts and jurisdictional problems in taking corrective action, the Pennsylvania division of occupational health forwarded the facts it had on the case to the New Jersey division of occupational health. It was then discovered that the New Jersey occupational health authorities had not been notified of the lead poisoning cases by the hospital or physicians who had treated the workers, and therefore no corrective action had begun.

Drycleaning Fluid

Valclene, or trichlorotrifluoroethane, a new cleaning fluid being used in coin-operated drycleaning machines, may be responsible for the death of a drycleaning establishment owner in Erlton, N.J. The threshold limit for Valclene is at present listed as 1,000 ppm.

The victim became ill while repairing one of the coin-operated machines. He crawled out of the shop when his helper became dizzy and ran outside, calling to him to leave. Once outside, the owner collapsed and died. The other man survived.

The incident occurred while local health authorities were considering the adoption of an ordinance circulated by the New Jersey State Health Department regulating coin-operated drycleaning establishments. The ventilation requirements of the ordinance were lacking in the establishment where the death occurred. The ordinance has since been adopted.

Program Notes

Hospital professional libraries were surveyed recently by the American Hospital Association, which found 58 percent of reporting hospitals have one or more libraries. Library services increase with the size of the hospital.

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Several New York Girl Scout troops spend 4 weeks every year learning to be GEMS (good emergency mother substitutes). The course is given by the Woman's Auxiliary of the Kings County Medical Society, and features lectures on emergency medical care, fire prevention, police protection, home safety, and care of the preschool child.

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Ambulance attendants in Pennsylvania are offered a 50-hour course in emergency care by the State health department through the environmental safety representative in each regional office. Training is provided through county medical societies, the American Red Cross, and the Pennsylvania State Police. Sessions cover first aid, the use of oxygen and other ambulance equipment, and emergency vehicle operation. The course is also open to policemen, firemen, nurses, rescue squads, and civil defense workers, space permitting.

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The special needs of the physically handicapped have been considered in planning several new Connecticut public buildings. Among them are an addition to the University of Connecticut in Stamford, a new Federal building and the St. Joseph's Cathedral in Hartford, and a new gymnasium in Waterbury.

In 1962 Governor Dempsey directed the Connecticut State Department of Public Works to use the American Standards Association specifications for ramps, entrances, restrooms, grading, and parking.

Most highway accidents are first accidents, according to a study of Connecticut records of 29,000 drivers covering 6 years.

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Isoniazid, given prophylactically under a Public Health Service study, cut the tuberculosis case rate by approximately 70 percent in the Bethel area of Alaska. Dr. George W. Comstock reported the results in the December 1962 issue of the *American Review of Respiratory Diseases*.

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Training in all aspects of hospital epidemiology is given one staff member from each major hospital of Brooklyn, N.Y. Under a new program conducted by the School of Public Health and Administrative Medicine of Columbia University, in cooperation with the New York City Department of Health and the Kings County Medical Society, hospital epidemiologists met in 10 weekly sessions to discuss principles of epidemiologic investigation, infections and immunity, acute communicable disease control, responsibilities of the hospital epidemiologist, and other pertinent topics. Epidemiologists will also receive training at their own hospitals.

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The nationwide program to detect phenylketonuria, sponsored by the U.S. Children's Bureau and State health departments in 31 States and Puerto Rico, is using a new technique—blood screening—applicable even to newborn infants. The technique was developed by Dr. Robert Guthrie of the Children's Hospital, State University of New York, Buffalo.

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In 1957 at Harvard, Alfred L. Moseley, a psychologist, and Dr. Richard L. Ford began an epidemiologic study of automobile accidents. With a grant from the Public Health Service, they organized a team of five

which includes an automotive engineer, an expert mechanic, a traffic engineer, and a sociologist. Radio calls send the team to the scene of a fatal accident at any hour.

To date, they have investigated more than 120 fatal collisions with a thoroughness previously unknown. In four or five instances, they found deliberate tampering with brakes or steering-systems. Most of the defects in vehicles, however, were laid to poor repair work or neglect by the owner. For example, unlubricated wheel bearings expanded under heat and caused wheels to lock in a skid.

Moseley advocates licensing of automotive mechanics, training, and State vehicle inspection. Only 18 States and the District of Columbia at present require inspection. The investigations of injuries sustained show that some would not have proved fatal if drivers and passengers had been wearing safety belts.

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Under the unit system of psychiatric treatment adopted in 16 of the 35 Veterans Administration mental hospitals, a patient remains with the same doctors, nurses, social service workers, and therapists throughout his hospital stay. Experience with the system, begun in 1958 in five VA hospitals, indicates that it can reduce the term of hospitalization and number of readmissions.

Each patient is assigned immediately to a group of from 200 to 400 containing a variety of mental conditions. After medical or surgical treatment or trial home visits, the patient returns to his group. His setting remains familiar.

There are few locked wards, for trials of the system have shown that disturbed patients tend to adopt the quiet behavior of their associates.

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About 60 percent of 108 dental X-ray units tested in a recent survey in Dane County, Wis., were exposing patients to excessive radiation. The defective machines have been corrected. Dr. John R. Cameron, associate professor of radiology and physics at the University of Wisconsin, conducted the survey in cooperation with the county dental society.



Public Health Service Drinking Water Standards, 1962. *PHS Publication No. 956; 1962; 61 pages; 30 cents.*

The first major revision since 1946, the 1962 Drinking Water Standards set limits for some contaminants not previously considered and revise limits on others. The publication contains both the new standards as published in the Federal Register, March 6, 1962, and the supporting data used by the advisory committee which recommended the standards.

Safe and Sanitary Home Refuse Storage. *PHS Publication No. 183; revised 1962; leaflet; 5 cents.* Explains six simple steps in handling garbage, rubbish, and other refuse.

Water Supply and Plumbing Cross-Connections. Hazards in household and community systems. *PHS Publication No. 157; 1963; 69 pages; 40 cents.*

Designed for use as an instructional guide, this volume defines, describes, and illustrates typical cross-connections and suggests simple methods and devices by which they may be eliminated without interfering with functions of plumbing or water supply distribution systems. The publication should interest health officials, waterworks personnel, and plumbers.

International Classification of Diseases, Adapted for Indexing Hospital Records by Diseases and Operations. *PHS Publication No. 719; revised 1962. Vol. 1. Tabular list. 375 pages; \$1.75. Vol. 2. Alphabetic index. 417 pages; \$1.75.*

An adaptation for use in the United States of the "Manual of International Statistical Classification of Diseases, Injuries, and Causes of Death," published by the World Health Organization, the tabular list

provides a classification of diseases and injuries designed for indexing diagnostic information on patient records.

The major modifications include: addition of fourth-digit codes to provide greater specificity; use of the American Psychiatric Association's classification of mental disorders; elimination of many residual categories; and inclusion of operations and treatments.

The alphabetic index facilitates location of a specified condition in the tabular list.

(No free sample copies of this publication are available.)

The Trained Dental Assistant: Facts for counselors. *PHS Publication No. 1004; 1953; 8 pages; 15 cents.*

To aid high school guidance counselors, this publication describes the work of the trained dental assistant and the qualifications desirable for those entering the field. It suggests high school courses which will be helpful and lists, in an appendix, schools offering specialized training. Wages, working conditions, and long-range employment outlook are also considered.

Health Statistics From the U.S. National Health Survey

VOLUME OF X-RAY VISITS, United States, July 1960-June 1961. *PHS Publication No. 584-B38; 1962; 57 pages; 40 cents.*

PERSONS INJURED IN THE HOME AND ASSOCIATED DISABILITY, United States, July 1959-June 1961. *PHS Publication No. 584-B39; 1962; 45 pages; 35 cents.*

DISABILITY DAYS DUE TO INJURY, United States, July 1959-June 1961. *PHS Publication No. 584-B40; 1962; 45 pages; 35 cents.*

PERSONS INJURED WHILE AT WORK, United States, July 1959-June 1961. *PHS Publication No. 584-B41; 1962; 47 pages; 35 cents.*

PERSONS INJURED IN MOTOR VEHICLE ACCIDENTS AND ASSOCIATED DISABILITY, UNITED STATES, July 1959-June 1961. *PHS Publication No. 584-B42; 1962; 61 pages; 45 cents.*

COMPARISON OF HOSPITALIZATION REPORTING IN THREE SURVEY PROCEDURES. A study of alternative survey methods for collection of hospitalization data from household respondents. *PHS Publication No. 584-D8; 1963; 48 pages; 40 cents.*

The Model Reporting Area for Blindness Statistics. *PHS Publication No. 1003; 1963; 14 pages.*

Purpose, development, standards for membership, and program of the Model Reporting Area for Blindness Statistics are described. The Model Reporting Area, organized in 1962 under the sponsorship of the National Institute of Neurological Diseases and Blindness, is a voluntary association of States maintaining registers of persons with severe vision impairment.

Official and voluntary agencies serving the visually impaired, ophthalmologists, optometrists, and other agencies or individuals interested in vision impairment and blindness should find this publication useful.

Home Sanitation. *PHS Publication No. 231 (Health Information Series No. 39); revised 1962; leaflet; 5 cents, \$2.50 per 100.* Gives sanitation suggestions for food protection, water supply, insect and rodent control, light and ventilation, heating, plumbing, and accident prevention.

This section carries announcements of new publications prepared by the Public Health Service and of selected publications prepared with Federal support.

Unless otherwise indicated, publications for which prices are quoted are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington 25, D.C. Orders should be accompanied by cash, check, or money order and should fully identify the publication. Public Health Service publications which do not carry price quotations, as well as single sample copies of those for which prices are shown, can be obtained without charge from the Public Inquiries Branch, Public Health Service, Washington 25, D.C.

The Public Health Service does not supply publications other than its own.
